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# Life Experiences of Refugees: Integration and Mental Health as Intersecting Realities

Grace Berry

John Carroll University, [gberry18@jcu.edu](mailto:gberry18@jcu.edu)

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Life Experiences of Refugees: Integration and Mental Health as Intersecting Realities

Senior Honors Project

Grace Berry

**Abstract**

The purpose of this study was to look at the mental health of post resettled refugees and the integration process through past studies. Resettled refugees deal with a multitude of problems prior, during and after resettlement and this is a look at the mental health problems associated with this experience. I looked at past studies that focused on the process of successfully integrating refugees and then some studies on their personal experiences and mental health during the transition. Overall, English language skills and social interactions significantly aided to successful integration. In regards to reports of mental illness, PTSD rates were at 62% within one cohort of refugees and major depression at 51% of the cohort. Once refugees are resettled, focusing efforts on English language courses and appropriate health services could improve the success of integrating people with refugee status into their new communities.

## Introduction

Currently, there are 65.6 million forcibly displaced people in our world. This is one of the highest levels of displacement in history. From this 65.6 million, 22.5 million are refugees (UNHCR). 51% of these refugees are school age children. A refugee is someone who has been forcibly removed or who has had to flee their country due to a well-founded fear of persecution, war or violence. There is a great need for these refugees to find stability in a new country or location, however, very few refugees are being resettled. In 2015, only 107,100 refugees were resettled, this is only 0.47% of all refugees. We are currently in a resettlement crisis with 86% of the world's refugees being sheltered in developing countries, almost all refugees are being located to or resettled in bordering countries right next to the crises (UNHCR). Hopefully, these few have been given an opportunity of safety and prosperity in a new place. However, due to years of trauma during their flight as well as the culture shock of a new environment that comes with resettlement, the reality of successful integration is not always possible. As depicted in Sr. Marilyn Lacey's novel, *This Flowing Towards Me*, she sees how the refugees struggle to accept customs and social norms they have to adapt to and the ones they had to leave behind. Research performed by Grant Marshall, shows the long lasting effects of resettlement stress as well as the ability to handle stress after certain traumas decades after resettlement (Marshall 2005). Overall, the reality of resettlement can be stressful for a variety of reasons, but hopefully in the end a successful journey. With the vast majority of refugees still in need of a more permanent home, looking at effective and efficient ways of resettlement are necessary to end this stateless crisis.

While sorting through the current research on integration and refugees' attitudes toward integration, I hope to gain a better understanding of their experience and be able to honor their strength and struggles through this project. This population is still important to respect, understand

and learn from their stories and experiences as research and improvement in resettlement moves forward. I hope this delve into the literature can honor the refugees who have been resettled as well as those who may never be resettled in their lifetime.

For this analysis I will compile several up to date research findings and scholarly articles on the current status and reality of refugees and their escape from danger, resettlement and integration process. While I am reading the data I will also be comparing it to personal stories of individual refugee experiences. Through the authors Fleming, Lacey and von Welser, I intend to capture the major concerns of the refugees after they have arrived in their host country and see how this aligns to current research and writings on the topic. Throughout this journey I anticipate finding holes or inconsistencies in the data itself, as well as compared to the refugees' stories. Inconsistencies within the data may be a sign of incorrect or misleading research. Whereas inconsistencies may just be the difference between an individual and the average consensus and not completely generalizable.

I realize this project is not in my major nor have I taken formal courses on the information. I do, however, feel very passionate about the topic of refugee resettlement and the impact it has on the persons being resettled. I have been interested in refugee work ever since I started volunteering at Us Together, a local Cleveland resettlement agency, four years ago in my first year at John Carroll University. I wanted to continue to expand my knowledge on the topic when I decided to go on an immersion experience to Louisville, KY immersion a year ago which focused on understanding and serving resettled refugees. After this week long journey, I wanted to have a more long-term and dedicated experience working with refugees. That is when I decided to commit to an internship in refugee resettlement. I have continued my passion for the refugee community by reading a few stories that have further influenced my wanting to complete this project on the

plight of refugees. I have since worked with refugees in a wide range of ways, from tutoring recently resettled children to teaching ESL (English as a Second Language) classes for resettled adults and working at Commonwealth Catholic Charities in Richmond, Virginia in their refugee resettlement department. During my work in refugee resettlement is when I began to see the signs of stress and anxiety that the resettlement process can impose on newly arriving refugees. Distress can present itself in many ways, whether it be isolating oneself or acting seemingly angry as a few children had, I wanted to explore the root of these changed personality traits. I think it is very important in today's social climate to examine the impact resettlement has on certain areas of life for the refugees as well as the community they are entering. I hope in doing this, it will provide further understanding to the experience of being a refugee and give them a voice in this otherwise voiceless time in their lives. As one of the studies phrases it, "Newly arrived refugees, whose greatest loss, sometimes, is their identity" (Lichtenstein 2017).

The United Nations plays a large role in refugee resettlement, particularly through the UNHCR, the United Nations High Commissioner for Refugees. The UNHCR was established in 1950 in response to the millions of Europeans fleeing their homeland after World War II, with an expectation that their work in refugee resettlement would be completed in three years. The UNHCR is strong in their work 68 years later, with an unprecedented amount of displaced people and refugees who are in continual need of their help.

Refugees are awaiting the opportunity of resettlement in refugee camps. There are many people there, and the average wait time in a camp is 17 years. This means some people, especially children, live their entire lives in camps. When refugees are chosen to begin the resettlement process, they go through an extensive vetting process that can last anywhere between 18-24 months. Refugees are first screened by the United Nations, and then if they are going to be resettled

in the United States of America, they are then vetted by the State Department, Department of Homeland Security, Federal Bureau of Investigation and the National Counterterrorism Center. They are cross examined by all of these departments, making sure their stories match up all along the way. These organizations check to make sure people fit the legal criteria of a UN refugee in order to be granted refugee status by another country. Once a refugee is verified by these organizations to be resettled, their vetting information and authenticity of the vetting process expires in 90 days (Stambol 2017). After the nearly 2 yearlong vetting process, they will be sent somewhere new within 3 months. So for example, a refugee can be waiting in a camp for upwards of 20 years, then in 3 months they are sent off to a new country. This in itself is exciting and anxiety-inducing at the same time.

Once a refugee is selected and brought to their new country of residence, the resettlement process can seem like an intense and overwhelming checklist that needs to be completed in 90 days. In terms of resettlement in the United States, there is a long checklist that needs to be completed in 90 days. From the moment a refugee arrives in their new country they are taken to their new place of residence and taught many new important lessons about American household norms like using hot and cold water, calling 911 in an emergency, shutting off lights when you leave the house, locking doors at night and when you leave (Stambol 2017). Not only are refugees just arriving after hours of travel, they are now expected to remember all of these expectations noted above. Along with American norms and safety tips, there are also items on the initial 90 day check list like getting housing, participating in ESL courses and getting a job. With a new refugee arrival, the resettlement agency receives a small one-time stipend of Reception and Placement (R&P) money depending on the size of the family. This money is to be used for transportation, housing, food, and other expenses until the first 90 days is up and is entrusted into the hands of

their case worker. This money is also used to pay the employees of the resettlement agency and for other agency expenses. So, while it can be upwards of \$2,000 per person, less for children, the money is spread thin between many responsibilities (Bruno 2017). With the help of a caseworker, employment specialist, and other employees at a resettlement agency, refugees are to enroll in ESL classes and gain employment.

English as a second language, ESL courses, are an intense, often month long session of daily courses in English as well as in cultural education and job readiness. The classroom can be filled with people from all over the world speaking many different languages, so to be impartial the teacher only uses the new language, English. Obtaining a job is also extremely important in these first 90 days of resettlement because when R&P money runs out, the client needs to be responsible for themselves and their family financially. Self-sufficiency is often discussed in regard to resettlement, and as defined by Dr. Diana Pierce:

*The Self-Sufficiency Standard defines the amount of income necessary to meet basic needs (including taxes) without public subsidies (e.g., public housing, food stamps, Medicaid or child care) and without private/informal assistance (e.g., free babysitting by a relative or friend, food provided by churches or local food banks, or shared housing) (Pierce 2018).*

Because of this need for self-sufficiency, a client will be pulled out of ESL classes early if the employment agent finds them a job because there is a quick turnover in job availability. This means that a refugee can miss out on the crucial skill of learning English, which can cause problems in the future. Lastly, after the 90 days there are some local community organizations that help and support refugees throughout their continued transition, but it is a long road ahead that proves to be emotionally and fiscally challenging.



## **Methods**

I acquired a passion for this topic through my service and internship experiences. I decided to pursue it further by reading a few accounts, mostly biographies, about refugees and people who assist refugees in their livelihood. Overarching themes in these stories were severe trauma and disorientation at the time of resettlement. I looked further into these themes by doing some independent research and looking into studies around resettled refugees and their mental health. Even though this is a relatively small amount of the total refugee population, they are more readily available and relatively stable to participate in longitudinal studies. I used biographies as well as research studies to formulate the resolution of my final project. I did not perform any of my own studies or have any independent data. I have spoken with many refugees and this issue of mental health seemed to be a common thread through many conversations, however the official research in this study comes from past literature. It is important to look at integration and mental health as intersecting themes in hopes that improving integration techniques can improve the health of refugees.

## Results

Results from this research found beneficial ways of integration as well as two major mental health categories that many resettled refugees are suffering from. These illnesses are post-traumatic stress disorder (PTSD) and anxiety and depression. During the resettlement process, a person is being integrated, or incorporated into a new community. This requires effort on part of the community as well as the refugee to become a successful member of their new community. In 2004, researchers from Queen Margaret University College in Edinburgh, Alastair Ager and Alison Strang, studied what might be the key indicators to successful integration with the intention to, “Improve policy making, decision taking and practice ... and aims to provide the public and Parliament with information necessary for informed debate” (Ager & Strang 2004). This study and its indicators have been used in Great Britain and the United States of America. In order to determine what were the most effective integration factors, the researchers reached out to refugees who have been resettled and people who have lived in their new communities. Ager and Strang determined an overall order of organization to ten “Indicators of Integration” (Ager & Strang 2004). The Indicators of Integration were determined to be ten markers that were grouped into four categories without any sense of hierarchy or overall level of importance from one to the next, although this idea will be challenged in future studies. The four categories are as follows: means and markers, social connections, facilitators, and foundation (Ager & Strang 2004). Each category is broken down further into multiple indicators, this is shown clearly in Figure 1.

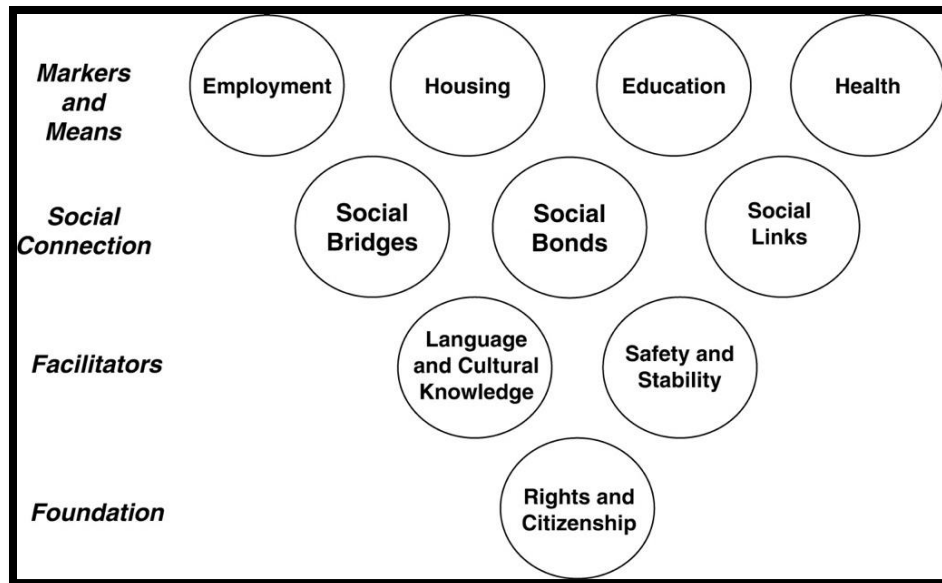


Figure 1. These are Ager and Strang's 10 non-hierarchical indicators of integration broken up into the four categories (Ager & Strang 2004).

The first of four non-hierarchical categories is means and markers. The indicators within this theme are areas recognized as critical factors necessary to achieve integration. Employment is the first indicator, gaining employment allows for self-sufficiency, income generation, economic advancement and establishing a role in society (Ager & Strang 2004). The importance of employment allows for a further purpose in life and in a person's new community. As per the American system of refugee resettlement, it is pertinent that refugees are financially self-sufficient in 90 days, so it is extremely important for integration of refugees resettled in the United States. Having a job allows for a routine, a chance to speak English, and a sense of purpose that is important to feeling successful in a new and often unfamiliar location. On the other hand, a lack of employment can lead to isolation, poor language skills and low integration. Another indicator in means and markers is housing, which is a very basic and necessary accommodation (Ager & Strang 2004). Housing can also be an opportunity to meet neighbors and rely on them whether the neighbors be of their similar background or different. If refugees have a community of resettled

people around them, it can strengthen the bond of the community and allow them to depend on each other. This is something resettlement agencies try to do so they can rely on one another and come from a place of shared experiences. If the refugee's neighbors are originally from the new country and new community, this can be a chance to meet new people and learn the social norms of their new area. Education is also an important indicator of integration. This is not to be confused with language courses, but instead with access and opportunity to increase one's education if they wish. This includes education for refugee children, allowing the entire family to become more involved in the community, as well as furthering higher education allowing for better employment opportunities and wider social connections (Ager & Strang 2004). Lastly in means and markers is health and proper access to health care. This is extremely important in that health care targeted towards refugees needs to be focused on physical and mental health, even if it is an uncommon topic in their past homes. Positive health attributes, like having a proactive health liaison and a primary care physician can show positive correlation to better work and school habits as well as decreased morbidity and mortality rates (Ager & Strang 2004). These four indicators make up the means and markers, all crucial markers to start a life in a new location.

The next theme within the indicators of integration is the social connection theme. This has three indicators that show the importance of relationships within members of communities as well as within establishments. The first is social bridges, which are connections between different social groups of religious, national, or ethnic lines. The integrating of these different groups allows for broadening of cultural understanding, widening economic opportunities and social cohesion. Social cohesion is crucial for the melding of different communities and positive attitudes towards refugees. Cohesion can be seen effective when there is diverse enrollment in youth clubs, sports, and overall perception of a community from refugee and non-refugee members (Ager & Strang

2004). Another social indicator is social bonds, which is an overall sense of belonging to a group without risk of assimilation (Ager & Strang 2004). These indicators try to instill cohesion between refugees and non-refugee communities as well as between various refugee communities around the country. Whether it be in the form of regular attendance to religious services, community organizations, or positive promotion of refugees in the media, all of these contribute to a sense of cohesion which in turn allows people to feel welcome in their new home. Resettlement can be a stressful time for many years after the initial placement, so cohesion in a community is critical to success. The last social indicator is a concept called social links, meaning engagement within the community be it through government or non-governmental organizations and civic duties (Ager & Strang 2004). Utilizing and contributing to local services shows a further step of integration and a more active role in the community.

Facilitators is the next theme of integration that holds the key factors of language and cultural knowledge as well as safety and stability. Language is extremely important in integrating. Learning English allows refugees to communicate with their caretakers like doctors and social workers, as well as neighbors. English is also a stepping stone to moving upwards in the workforce and often into more service jobs as opposed to factory or hard labor positions. Enrolling in ESL classes is necessary for refugees upon arrival, often these classes cover some social expectations as well. Cultural knowledge is also important and a road that goes both ways. It is helpful for refugees to be aware of social norms and culture in their new community so they can feel comfortable and know what to expect. This can become difficult to complete as refugees are often taken out of ESL class to go to work, not allowing them. It is also important for communities to be aware of the culture of their new residence to be aware of differences and still grow positive relations. Cultural knowledge helps with every day functioning like phone calls and mail as well

as larger customs and expectations in the case of social gatherings. The other indicator of safety and stability is also very important. Refugees are refugees because they have a legitimate fear in their homeland and cannot return. It is imperative they do not fear their lives in their new home as well. This feeling of fear can result in mental illness, which will be addressed later. It is important to make refugees aware of cultural norms of safety, and aware of scenarios they do not have to fear. It is also important to track episodes of racism or prejudice towards refugees (Ager & Strang 2004).

The last theme of integration is foundation, which only holds one indicator: rights and citizenship. This is often where long-term expectations and obligations are laid out in their new country. This includes engaging in society with equal and full access to community services like legal advice, participating in government, voting and equal opportunity for application for citizenship (Ager & Strang 2004). A refugee can receive a green card after being in the United States for a year. Then, after five years they are eligible to apply for citizenship permanently. This is often a long-term goal of many refugees, as they have little to look back at, they look forward at their future in their new residence. A refugee in one of the studies talks about his appreciation for his new home in the United States:

*There is nothing for me there. I will never go back. My country didn't want me. They sent me away without papers. In the camps, I still had no country. We were people of nowhere. The United States brought [my family] here. Soon I will have citizenship and then I will have a passport. Now I'll have an identity. The United States will always be my home (Lichtenstein 2017).*

Citizenship is often the culminating goal and sign of success for people who are resettled.

These ten categories, broken into four themes are both technical and emotional factors of successfully integrating into a new community with very different cultures, languages and customs. In conclusion to this study, an individual is considered integrated when they achieve three outcomes: one is acquiring public outcomes like housing, work and health; the next is being

socially connected with members of their community; and the third is being linguistically competent and culturally aware (Ager & Strang 2004). This study has been crucial in policy making and improving refugee relations around the world, and was even used in Colorado, United States, as noted below.

Ager and Strang's ten indicators of integration were put to the test in a five year-long study known as RISE, Refugee Integration Survey and Evaluation. RISE was a study performed by Dr. Lichtenstein on cohorts of resettled refugees over this time span in Colorado. The purpose of the study was to engage the refugees in what they felt were truly the most important factors of integration. It found that, unlike what Ager and Strang suggested, there is possibly some hierarchy or importance of some indicators over others. Taking Ager and Strang's ten indicators, RISE used qualitative and quantitative data to survey as well as interview specific refugee cohorts over a span of years to see what they valued most, as well as see if things changed over time (Lichtenstein 2017). Most of the refugees in this study were from Bhutan and Burma, with interviews taking place from 2011-2015. It was noted that while some indicators seemed to be valued more than others, the concerns raised by the refugees themselves were all covered in the ten Ager and Strang indicators already (Lichtenstein 2017). The researchers were able to label certain groups as having high or low integration and what factors seemed to most help or hinder this outcome.

Some groups, even after years of being in the United States, still registered low levels of integration. These "low" integration groups seemed to share overall characteristics with one another that could be integration barriers. These groups are stay-at-home mothers, women over the age of 55 who do not work and then men over 55 years of age who either work or do not work. Some of these people are out of work because of physical or mental disabilities (Lichtenstein 2017). In these low integration groups, a feeling of constant confusion seemed to emerge in many

interviews whether this confusion be from seclusion or from the language barrier. The inability to speak English hindered many of the other areas of integration (Lichtenstein 2017).

English language skills overall was the most critical stepping stone to other areas of integration. These areas include, economic stability and further employment opportunities. It is difficult to work in any industry where there is extensive communication and the employee cannot speak English. This limits many career opportunities for refugees. Another area that language is social bridging, which is healthy interactions with people of their own ethnic group as well as people that are of different ethnic and religious backgrounds (Lichtenstein 2017). This is very difficult in creating relationships and often causes stress for the refugee, leading to an aversion of seeking new social opportunities and becoming severely dependent on their small ethnic community and close relatives (Lichtenstein 2017). In fact, “None of the low integration respondents we interviewed could provide an example of Social Bridging” (Lichtenstein 2017). Safety and stability was another indicator hindered by English abilities. The idea of safety was asked as a question in terms of the person’s own opinion, so depending on how some people define it, there answers could have been different. One way to try and measure the feeling of safety was through some basic safety skills. A person scored low on this scale if they could not call 911 or voice their fears, both issues directly correlated to the language barrier (Lichtenstein 2017). In terms of actively taking ESL classes, rates of participation dropped from 67% at the first year to 39% in the last year (Lichtenstein 2017). English course enrollment started off at roughly two-thirds of the resettled cohort and dropped somewhat during the study.

Focusing on people who had “high” levels of integration, there are trends that differ from other refugees. Rates of employment within the cohort of refugees started at 17% the first year and increased to 63% in the final year of the study. This is great for the people who are working in that



they are being exposed to people of different cultures and to English on a daily basis (Lichtenstein 2017). Scoring high levels in both social bridging and language and cultural knowledge were clear indicators of successful integration (Lichtenstein 2017). This is partly because, once these two indicators are met, then many of the other ones fall into place and refugees can also meet them. There is a positive correlation between social bridging and all other pathways, and there was a near linear correlation with social bridging and language and cultural knowledge (Lichtenstein 2017). The younger the refugee is upon arrival, the better chance they have for successful integration. Children are the best and integration and adaptation, “More caregivers report that their child had a good friend at school who was not from his or her own country or culture (44% compared to 35% at year three)” (Lichtenstein 2017). Refugees over the age of 55 years old had the most difficult time integration (Lichtenstein 2017). Another differentiation of integrating better were males who integrated more successfully than their female counterparts (Lichtenstein 2017) This is due in part that more women are home while more men are off at work, this gives men the social interaction opportunities to feel more welcome and enhance their English skills while women at home are encountering less social interactions and less opportunity to use and improve their language skills. However, regardless of certain ages or genders, language and cultural knowledge was the highest predictor of overall integration (Lichtenstein 2017). While all of the Ager and Strang ten indicators were incorporated into the RISE study, it was by far language and culture skills that emerged as the most pertinent key to successful integration.

Refugees have validated traumatic experiences prior to being resettled. They are also forced to relive these experiences over and over when they tell their story, because this is how they will be granted their refugee status during vetting and they will need to continue to share their story in hopes of hastening the wait time, getting relatives to also be resettled, and overall

awareness for the situation. Dr. Sarah Ringold explains the vulnerability of refugees to certain mental illnesses, “In addition to physical injury, these persons are at high risk for chronic mental health disorders because of the multiple stressors they experience before, during, and after their flight” (Ringold 2005). The entire experience of being a refugee comes with difficult and emotional situations throughout. This opens areas for the potential of experiencing some of these mental disorders. “They are at particularly high risk for post-traumatic stress disorder (persisting recurrent and disturbing memories and flashbacks of a witnessed or experienced trauma), along with other symptoms ... depression, and somatization (emotional trauma or stress experienced as physical symptoms)” (Ringold 2005). Unfortunately, the reality of these people being given refugee status means they have experienced traumatic events, an unavoidable part of this reality. Making the integration experience as smooth and enriching as possible is necessary to dissuade some of these issues.

In a research study performed in Sweden, a survey was distributed to resettled Middle Eastern refugees focusing on resettlement stress, as well as pre- and post-settlement traumas. The sample was 87% Iraq-born. The study wanted to look at common mental disorders within refugee communities: depression, anxiety and post-traumatic stress disorder, PTSD (Lindencrona 2017). There were some overarching themes of resettlement that 67% of stressors could fall into. These five were: social and economic strain, alienation, discrimination, and status loss and violence (Lindencrona 2017). While previous experiences are more traumatic for refugees than the average person experiences- for example waiting time for asylum was a relatively large strain- but the strain of the resettlement process is also a major stressor (Lindencrona 2017). In two studies, it was found that PTSD aligned more with pre-resettlement traumas whereas anxiety and depression are caused by post-resettlement stressors (Lindencrona 2017) (Marshall 2017). As of the studies

done, these results are more of a correlation than a causation, and the relationship between anxiety and depression with PTSD is also not taken into account. This relationship usually falls with PTSD symptoms occurring before arrival and depression and anxiety symptoms arising after resettlement, but it will be explained in more detail below.

Resettlement stressors stem from transition, fear of the unknown, and can lead to symptoms of common mental disorders depression and anxiety (Lindencrona 2017). As previously stated, status loss is a valid issue seen across multiple studies. “This is as true for those well-educated in their home countries who practiced law and medicine who now may be cleaning bedpans in nursing homes, as it is for illiterate farmers trying to adapt to life in an urban center” (Lichtenstein 2017) (Lindencrona 2017). Other factors that can cause symptoms of anxiety and depression are lack of family relations, friendships, economic opportunity and a lack of respect for that person (Lindencrona 2017). These are all realities for refugees, that if not addressed appear with symptoms of common mental disorders. The study of mental health of recently resettled refugees suggests that while PTSD symptoms are often not avoidable:

*A person’s capacity to handle stress may buffer the effect of stressors in the resettlement environment upon such symptoms ... However, such traumatic exposure [to torture] could perhaps create a vulnerability to resettlement stress over time through its effect on a person’s capacity to handle stress (Lindencrona 2017).*

A study focused on Cambodian refugees resettled two decades ago showed extremely high rates of depression in the refugee community, with major depression being found in 51% of the population (Marshall 2017). It is worth taking note that while these studies have focused on refugees from many different countries resettling in multiple countries around the world, they all seem to share a common thread of worries, desires and outcomes. A refugee’s experience is somewhat similar across the board.

To focus more on the issue of post-traumatic stress disorder, especially from stressors prior to resettlement, like torture, exposure to war or other harms, can be linked to refugees experiencing PTSD (Lindencrona 2017). Another study also came to this conclusion, while looking at the long-term effect on mental health of refugees in the United States who had been resettled over two decades ago (Marshall 2017). This study took place in Long Beach, California, on a group of refugees who had each experienced pre-immigration trauma like starvation or a murdered loved one (Marshall 2017). This is correlated with high rates of PTSD within the community, at rates of 62%, and major depression at 51%. “More than two decades have passed since the end of the Cambodian civil war and the subsequent resettlement of refugees in the United States, however, this population continues to have high rates of psychiatric disorders associated with trauma” (Marshall 2017). Compared to epidemiological studies on the United States general population, these rates are extremely elevated. The rate of PTSD among average Americans is 2.3%, being more common in men than women. Even when compared to rates of American veterans, refugee rates of PTSD are much higher. PTSD in American veterans ranges from 10% to 31% grouped by each war the veterans fought in (Feature: Post Traumatic Stress Disorder PTSD 2009). While there was a small sex ratio differentiation in terms of integration (Lichtenstein 2017), there was not a gender difference in terms of developing PTSD, which conflicts with normal United States standards (Marshall 2017). One observation made of the Cambodian refugees two decades later was, “Even after two decades, the majority of this community speak little or no English, are at income levels below poverty, and rely on public assistance” (Marshall 2017).

## Discussion

Supporting mental health of refugees is a critical piece of successful integration, as well as effective resettlement. It can lessen the stressors that cause symptoms of mental disorders. This two-fold issue means each of these situations needs to be addressed and dealt with to our full capacity in order to make them work for each other instead of against. The results of the RISE study in Colorado show that by far, social bridging and language skills were the most crucial of Ager and Strang's ten indicators of integration. When these two indicators were lacking, other issues arose with employment, citizenship and confusion. If refugees were prospering in these areas, other indicators were falling into place like job security, social engagement and citizenship testing (Lichtenstein 2017).

It is also important to take note of some of the discrepancies between men and women in mental health and integration. Women overall fell lower than men on the successful integration scale, however, it is more common for a women to stay home and be the caregiver of the family, particularly in Eastern cultures (Lichtenstein 2017). So, in having less community exposure as well as English practice, women can fall behind in integration success. In regards to mental health, men and women scored evenly for symptoms of PTSD in the refugee population which is not the same in the average United States population (Marshall 2017). It stands to reason that both men and women are experiencing so much trauma in their home countries that everyone is adversely affected. To try to reduce some of these long lasting trauma effects, Marshall suggests, "Asylum policies for future refugees need to be evaluated not only with respect to their ability to remove vulnerable populations from life-threatening danger but also their capacity to promote the long-term health and well-being of the refugees" (Marshall 2017). This sums up a larger issue very nicely in that, not only is resettlement removing people from hostile environments, but it is also giving them the tools to prosper in their new community.

It is very clear that learning the language of the new country is of the utmost importance to a refugee's success. It was seen time and time again through these research studies whether the main focus was integration (Lichtenstein 2017) or mental health (Marshall 2017). Marshall's study also had a bivariate component that linked. "Older age, having poor English-speaking proficiency, unemployment, being retired or disabled, and living in poverty were also associated with higher rates of PTSD and major depression" (Marshall 2017). Learning English to the best of one's ability, then going out and joining the work force seems to be the most ideal scenario for successful integration. If the English language and cultural skills are not implemented in the very beginning, the refugee can get into a rut of just subsisting and not prospering in their new country. The language and cultural skills can keep them away from poverty and off of government assistance, which is a beneficial attribute for refugees and non-refugees alike.

One statistic really struck me as alarming was that "All had experienced pre-immigration trauma like starvation or a murdered loved one, and 70% reported exposure to violence after settlement in the United States" (Marshall 2017). This is very alarming, as the study did not define what a violent experience was and 70% is a very high experience rate. It would be interesting to see how the refugees defined violence. Unfortunately the reality that all of the refugees in the Marshall study experienced trauma prior to resettlement is not entirely surprising- albeit heartbreaking- these concerns fall into the checklist of what determines refugee status. What surprised me was that 70% experiences violence after resettlement in the United States. This is supposed to be their second chance at a safe life and this statistic was overall shocking. It is not to be forgotten that refugees are a vulnerable population, even after they are resettled. Checks can be put into place to ensure their safety as well as changing public opinion on the refugee community so they are not target for violence as often.

**Conclusion**

Evaluating the results of many studies on the successes and difficulties of integration as well as the stress of the entire process before, during and after, it can be reasoned that focusing more efforts on language classes and cultural competency for refugees would be an extremely worthwhile investment for the resettled people as well as the community they are becoming a part of. In terms of mental health, reducing the language barrier can decrease stressors of resettlement and can allow for a more open conversation about mental health. Even if it is a foreign topic to many people of different cultures, reducing the stigma and seeking help can be effective beginnings to reducing rates of PTSD, anxiety and depression in refugee communities.

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